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|   | Substitute for form 1449/PTO                  |                 |                                | Compl te if Kn wn                      |  |       |  |  |
|   |   |                 |                                | Application Number                     | 10/643,416                                     |       |  |  |
|   | INICODMAT                                     | ON DI           | eci Oglibe                     | Filing Date                            |  |       |  |  |
|   | INFORMATION DISCLOSURE STATEMENT BY APPLICANT |                 |                                | First Named Inventor                   | Bruce B. Randolph                              |       |  |  |
|   |   |                 |                                | Art Unit                               |  |       |  |  |
|   | (Use as ma                                    | ny sheets as    | necessary)                     | Examiner Name                          |  |       |  |  |
|   | Sheet   | of              |                                | Attorney Docket Number                 | 34019US  | フ     |  |  |

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| Examiner<br>nitials* | Cite<br>No.1 | Document Number  Number-Kind Code <sup>2 (I known)</sup> | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevan<br>Figures Appear |
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|              | Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known) | MM-DD-YYYY  | L.  | Or Relevant Figures Appear  | T <sup>6</sup>  |
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|              |   | Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known) | Cite No.1 Publication Date  Country Code3 Number 4 Kind Code5 (if known)  Publication Date MM-DD-YYYY | Cite No.1 Publication Date Name of Patentee or Applicant of Cited Document MM-DD-YYYY  Country Code3 Number 4 Kind Code5 (if known) | No.1 Date MM-DD-YYYY Applicant of Cited Document Where Relevant Passages Or Relevant Figures Appear |

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